

Dimensional Behavioral Health Services, Inc

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Consumer Satisfaction/Quality Assurance Survey

In order to provide you the best possible services, Dimensional Behavioral Health Services, Inc (DBHS) would like to receive some feedback from you and your family member regarding our services.

By completing this survey, we will be able to identify our strengths and weaknesses and make improvements.

We ask that you please fill out the survey and return it to us as soon as possible in the self-addressed/stamped envelope. If you are on-line, please complete and submit. If you are on-site, please complete and drop into the bin below.

Please answer the following question:

1. How many times has the therapist met with your family within the last week?
2. If zero, when did the therapist last see anyone in the family (mm/dd/year)?

Please circle the choice after each question that best fits your answer:

A. I would rate the services that my counselor gives to me/my child as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

B. I would rate the level of respect that the counselor shows me/my child as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

C. I would rate the counselors job of telling me about how my/child services work as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

D. I would rate my/child's access to DBHS services, including after hours and emergencies as:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent
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Since entering the service of DBHS has you or your child experienced less school suspension, bus suspensions and/or expulsions? Yes or No

If yes, please provide detail as specific.

Name (Optional): _____

Additional Comments: _____

*If you misplace the envelope that is provided please mail to:

Dimensional Behavioral Health Services, Inc
3600 Jackson Street, Suite 111B
Alexandria, La. 71303